

EXHIBIT O

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5161

Name MAURICE SHARPE Phone number 702 265-3534 Page 1

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ID Theft Affidavit

- APR 27 2009

Victim Information HIGH RISK

(1) My full legal name is MAURICE SHARPE
(First) (Middle) (Last) (Jr., Sr., III)

(2) (If different from above) When the events described in this affidavit took place, I was known as

(First) (Middle) (Last) (Jr., Sr., III)

(3) My date of birth is [REDACTED]
(day/month/year)

(4) My social security number is [REDACTED] 1931

(5) My driver's license or identification card state and number are NV 1603506189

(6) My current address is 2105 GRAND ISLAND COURT
City LAS VEGAS State NV Zip Code 89117

(7) I have lived at this address since 11/05
(month/year)

(8) (If different from above) When the events described in this affidavit took place, my address

was N/A 5909 VENTURA DRIVE
City LAS VEGAS State NV Zip Code 89130

(9) I lived at the address in #8 from N/A until N/A ADDRESS on my DRIVER'S
(month/year) (month/year) LICENSE. mother's home.

(10) My daytime telephone number is 702 265-3534

My evening telephone number is 702 265-3534

GMAC 0120

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How the Fraud Occurred

Check all that apply for items 11 - 17:

(11) ☒ I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.

(12) ☒ I did not receive any benefit, money, goods or services as a result of the events described in this report.

(13) ☒ My identification documents (for example, credit cards; birth certificate; driver's license; social security card; etc.) were ☒ stolen ☐ lost on or about 3/17/08
(Witness of identification used) (day/month/year)

(14) ☒ To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, social security number; mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization: (Had access to my information, and in control of B.I.s)

Tracy L. Sharpe
Name (if known)
8665 W FLAMINGO RD 131-237
Address (if known)
(702) 287-3363
Phone number(s) (if known)
Additional information (if known)

Name (if known)
Address (if known)
Phone number(s) (if known)
Additional information (if known)

(15) ☒ I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization. Do not know individual in the picture on my (so called) license. Not a valid ID/license

(16) ☒ Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

SEE ATTACHED

(Attach additional pages as necessary.)

GMAC 0121

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Victim's Law Enforcement Actions

(17) (check one) I ☒ am ☐ am not willing to assist in the prosecution of the person(s) who committed this fraud.

(18) (check one) I ☒ am ☐ am not authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

(19) (check all that apply) I ☒ have ☐ have not reported the events described in this affidavit to the police or other law enforcement agency. The police ☒ did ☐ did not write a report. In the event you have contacted the police or other law enforcement agency, please complete the following:

<u>LAS VEGAS METRO POLICE / J. AZARILL</u>	
(Agency #1) <u>4/13/09</u>	(Officer/Agency personnel taking report) <u>ELV 090413002824</u>
(Date of report) <u>(702) 828-3111</u>	(Report Number, if any) <u>N/A</u>
(Phone number)	(e-mail address, if any)

	<u>N/A</u>
(Agency #2)	(Officer/Agency personnel taking report) <u>N/A</u>
(Date of report)	(Report Number, if any) <u>N/A</u>
(Phone number)	(e-mail address, if any)

Documentation Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan to notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

(20) ☒ A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.

(21) ☒ Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill).

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Fraudulent Account Statement

Completing this Statement

- Make as many copies of this page as you need.
- List only the account(s) you're disputing with the company receiving this form. See the example below.

I declare (check all that apply):

- ☒ As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor Name/Address (the company that opened the account or provided the goods or services)	Account Number	Type of unauthorized credit/goods/services provided by creditor. (if known)	Date issued or opened (if known)	Amount/Value provided (the amount charged or the cost of the goods/services)
Example Example National Bank 22 Main Street Columbus, Ohio 22722	██████ 67-89	auto loan	01/05/2000	\$25,500.00
GMAC MORTGAGE	██████ 5161 from creditor report	to my mortgage	3/08	\$417,000

☐ During the time of the accounts described above, I had the following account open with your company:

Billing name _____

Billing address _____

Account number _____

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(22) ☒ A copy of the report you filed with the police or sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.

Signature

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

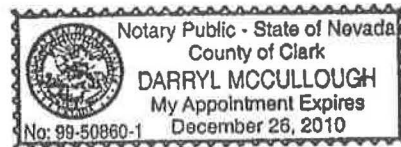
Maurice Sharpe 4-21-09
(signature) (date signed)

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

State of Nevada
County of Clark

Subscribed and sworn (or affirmed) to me this 21 day
of April 2009 by Maurice Sharpe

[Signature]
Notary Signature



(Notary)

Witness:

(signature)

(printed name)

(date)

(telephone number)

GMAC 0124